IN THE UNITED STATES DISTRICT COURT FO	RTHE
DIVISION	•

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2006 MAR 17 A 9:42

Angela De	nise Nails	_ ')
J342 Street Ap	5. Saint Andra	(5) -)
Dothan, A	labama 36301 Plaintiff(s)	-))
0	v.)

1:06cv253-MEF

Lompass Bank 1520Th St South Suite 1802 Birimmingham, Alabama 35233 Defendant(s)

MOTION TO PROCEED IN FORMA PAUPERIS

Plaintiff(s) Angela Denise Nails

moves this Honorable Court for an order allowing her/him to proceed in this case without prepayment of fees, costs, or security therefor, and for grounds therefor submits the attached sworn affidavit in support of the motion.

Ingela Denise Nails
Plaintiff(s) signature

AC 240 (Rev. 10/03) UNITED STATES DISTRICT COURT District of Angela Denish Nbils Plaintiff APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT impass Bank, Dorhan CASE NUMBER: 1:06cv 253 MEF declare that I am the (check appropriate box) 21 petitioner/plaintiff/movant □ other in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion. In support of this application, I answer the following questions under penalty of perjury: (If "No," go to Part 2) ☑ No Are you currently incarcerated? ☐ Yes If "Yes," state the place of your incarceration Are you employed at the institution? No you receive any payment from the institution? No Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions. M No Are you currently employed? ☐ Yes If the answer is "Yes," state the amount of your take-home salary or wages and payperiod and give the name and address of your employer. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. Nov 29, 2005 295.00 In the past 12 twelve months have you received any money from any of the following sources? 3. ON KI Business, profession or other self-employment ☐ Yes ON K a. Rent payments, interest or dividends ☐ Yes ☑ No b. Pensions, annuities or life insurance payments ☐ Yes □ No C. Disability or workers compensation payments X Yes ☑ No d. ☐ Yes Gifts or inheritances П No e. ☑ Yes Any other sources

f. If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

0 240 Reverse (Rev. 10/03)	Socail Secrity -	Medca	re / Medi	cad	
2. Self Help	Socail Secrity - Organzations - I	Lights,	Rent ect	• . •	
•		•			.,
		•			
1. Do you have any cas	h or checking or savings acc	counts?	⊠ Yes	□ No	
Tf"Ves " state the tol	al amount. <u>3/40.00</u>)		· · · · · · · · · · · · · · · · · · ·	. 11
thing of value?	estate, stocks, bonds, secur	•			s or any other
If "Yes," describe th	e property and state its value	e. Vied	o Lomra	•	
			vour relations	hip to each perso	on and indicate
6. List the persons who how much you cont	o are dependent on you for so ribute to their support.	one	your relationer	•	
•				•	•
·		·			
I declare under penalty	of perjury that the above inf	formation is	true and correct	. 	
	1		<i>[]</i>		
MARCH 13.	2006 Angela I	Den15e	Signature of App	licant	·
Date	<i>)</i>				•. •

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.